

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

BOB NENCUS

Exh. 617 #1

ORIGINAL

(File Original and 3 copies)

Broadwing Local Services, Inc.
Application for a Certificate of Local
Authority to operate as a Facilities-
Based Carrier of telecommunications
services in the State of Illinois.

OFFICIAL FILE

I.C.C. DOCKET NO. 00-0611

Exhibit No. 1

Witness [Signature]

Date 11/21/00 Reporter [Signature]

CHIEF CLERK'S OFFICE

SEP 18 10 44 AM '00

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

(Use additional sheets as necessary.)

1. Applicant's Name (including d/b/a, if any)

FEIN # 31-1709181

Broadwing Local Services Inc. ("BLSI")
1122 Capital of Texas Highway South
Austin, TX 78746-6426

2. Authority Requested: (Mark all that apply) 13-403 X 13-404 X 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

 X Part 710 Part 735 X Section 735.180 Other

4. In what area of the state does the Applicant propose to provide service?

BLSI's initial plans are to offer service in the metropolitan Chicago area. Future deployment plans will depend on interconnection agreements and other factors.

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

Please see Exhibit A.

6. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed May 15, 2000

In what state? Delaware

☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Exhibit B

8. List jurisdictions in which Applicant is offering service(s).

Local Service: BLSI has pending applications in Florida, Arizona, Michigan, Indiana, Ohio, Kentucky, and Tennessee. BLSI has been certified in New York, Texas, Pennsylvania, and Washington D.C.

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. For answering in the negative, BLSI assumes the Commission is interested in complaints that resulted in fines and/or its certificate being revoked or suspended. BLSI routinely deals with customer complaints and inquiries at the state and federal levels.

11. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

BLSI is filing a Request for Waiver of this requirement for purposes of becoming a facilities-based carrier. The Request for Waiver is being filed under a separate letter.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Exhibit C.

13. List officers of Applicant.

President: Mr. Richard S. Pontin
1122 Capital of Texas Highway South
Austin, TX 78746-6426
(512) 742-9464

Treasurer: Mr. Mark W. Peterson
201 E. 4th Street
Cincinnati, OH 45202
(513) 397-5392

Secretary: Mr. Thomas E. Taylor
201 E. 4th Street
Cincinnati, Ohio 45202
(513) 397-1504

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES __X__ NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? BLSI will utilize its existing billing system and direct bill its end users. *nothing*

16. How does Applicant propose to handle service, billing, and repair complaints?

BLSI has an existing customer care center for service, billing, and repair questions as well as issue resolution.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? __X__ YES _____ NO

18. What telephone number(s) would a customer use to contact your company?

Customer Care Center/Repair 1-800-422-1199

19. What are your procedures to prevent unauthorized "slamming" of customers? *CRAMM-6*

BLSI adheres to the rules on slamming as established in the FCC proceeding, CC Docket No. 94-129.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

__X__ YES _____ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? __X__ YES _____ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Exhibit D for the most recent Annual Report.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list: As of this point in time, the marketing plans for BLSI are not completely defined. However, BLSI will offer service either via its own facilities, resold facilities, or a combination of both.

If NO, which facility provider(s)'s services does Applicant use?

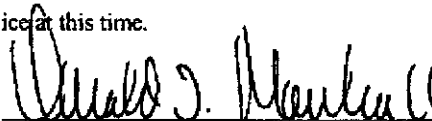
24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

BLSI plans to offer a variety of local services that will be identified in its tariff.

25. Will technical personnel be available at all times to assist customers with service problems?
☒ YES ☐ NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO

BLSI does not plan to offer any type of payphone service at this time.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Ohio

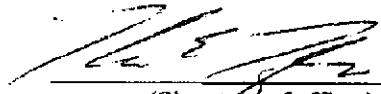
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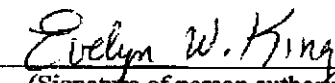
County of Hamilton

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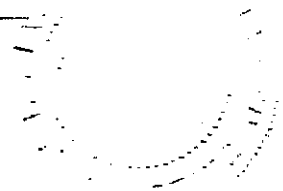
Thomas E. Taylor makes oath and says that he is Secretary of Broadwing Local Services Inc. and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public in the State and County above named, this 14th day of September, 2000.


(Signature of person authorized to administer oath)

EVELYN W. KING
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES
APRIL 3, 2002



Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

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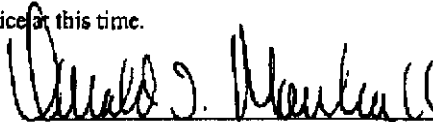
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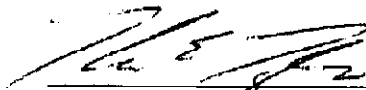
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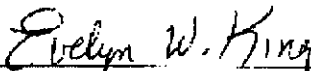
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